

FORM 3

\_\_\_\_\_  
(date)

HAWAII BOARD OF CERTIFIED  
SHORTHAND REPORTERS  
[ P.O. Box 619  
Honolulu, Hawaii 96809 ]  
777 Punchbowl Street  
Honolulu, HI 96813

To the Members of the Board:

I UNDERSTAND THAT THIS LETTER IS CONFIDENTIAL AND WILL NOT BE  
DISCLOSED TO THE APPLICANT.

I hereby \_\_\_\_\_ recommend that [the] applicant[.], \_\_\_\_\_  
(do or do not) (name)  
be certified as a Hawaii Certified Shorthand Reporter.

I have known the applicant for \_\_\_\_\_.  
(number of months or years)

I have used the applicant's personal shorthand services on approximately \_\_\_\_ occasions,  
and I consider the quality of work performed to be \_\_\_\_\_.  
(excellent) (satisfactory) (unsatisfactory)

As of this date, I (including the firm I am associated with) am indebted to the applicant,  
and/or any other reporter with whom the applicant is directly associated, in the amount of  
\$ \_\_\_\_\_. (If none, so state.)

I am a licensed attorney in good standing in the state of \_\_\_\_\_.

I hereby certify the above to be true and correct to the best of my knowledge and  
information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

( )

\_\_\_\_\_  
Telephone No.